FCC 395	1	FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554												Approved by OMB 3060-0076				
100000	COMMON CARRIER ANNUAL EMPLOYMENT REPORT [Please read instructions before completing and for Notice regarding public burden.]										Est. time per response: 1 hour							
SECTION 1 - General	Informati	on												ļ				
1 Name and Mailing A	Address of													☐ Check here if this is a change of				
			C Real Es		ф													
	8410 Bryn Mawr Ave Chicago, Illinois 60631														address			
FRN: 7292071		Internal Company Code(s): 363																
Year Report Filed		3. Reporting Period (Ending Date of Pay Period Covered by Report)  4. Number of Full-Time Employees during Selected Reporting Period (													riod (check	one)		
2017		a.   Fewer than 16 (complete Sections 1, IV, and V only) b.  16 or more (complete all sections)												/ only)				
SECTION II - Full Tir	ne Emplo	yees.																
		Number of Employees (Report employees in only one category)																
	1	Race/Ethnicity																
	-																	
			anic or itino	Not-Hispanic or Latino														
Job	[	La	uno	Male Female								male		Total				
Categories		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Columns A-N		
		А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0		
Executive/Senior Level Of and Managers	1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
First/Mid-Level Officials at Managers	nd 1,2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sales Workers	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Administrative Support Workers	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Craft Workers	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Service Workers	9	0	_	_		_	0		0				0		0			

TOTAL

PREVIOUS YEAR TOTAL 11

SECTIOI III - Part Time Employees.																
	Number of Employees (Report employees in only one category)															
		Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino													
Job Categories			Male Female													
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	Total Columns A-N	
	Α	В	С	D	E	F	G	Н	1	J	K	L	М	N	0	
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sales Workers 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SECTION IV - Report of	f Discrimin	ation Com	plaints Pu	suant to 47	CFR 22.32	21, 23.55, 90	0.168, 101.4	l, and 101,	311							
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition																
SECTION V - Certificati						Management I I amen	**************************************									
I certify that to the best Date 5/8/2017	Typed or Prin	owledge, in nted Name of Pe Cozzone	erson Signing	and belief,	all stateme	Signature	report are	true and c	0	ne		Telephone N				
Title of Person Signing Government Complia	ance Div	ersity Mar	nager	WILLFU AND/O U S C S	R REVOCA	E STATEME TION OF AI	NTS MADI NY STATIO	E ON THIS N LICENS	FORM AF	RE PUNISH	ABLE BY F ON PERMIT	INE AND/C (47 U S C	OR IMPRISC 312 (A)(1) A	NMENT (18 AND/OR FO	BUSC 1001) PRFEITURE (47	